

**UCD STAR PLAN NOMINATION FORM
NON-REPRESENTED AND CX STAFF ONLY
PLAN YEAR JULY 1, 2020 – JUNE 30, 2021**

PART ONE: To be completed by the individual making a nomination of an eligible employee.

- Individual Award
 Team Award (submit info on each team member separately)

NAME OF NOMINEE

DEPARTMENT

PAYROLL TITLE

SUPERVISOR

Justification: (Please state the nominee's qualifications for this award, including as much specific information as possible concerning demonstrated actions which resulted in one or more of the following: *Exceptional performance:* Demonstrated and sustained exceptional performance that consistently exceeds goals and work expectations in quantity and/or quality. *Creativity:* One-time innovation that results in time/dollar savings, revenue enhancement, and productivity improvement; and/or ongoing innovative/creative activities that benefit organizational systems, protocols, and/or procedures. *Organizational abilities:* Exhibits extraordinary skills in leadership resulting in the accomplishment of significant departmental or divisional goals and objectives; effective project management, which could include developing a project and/or implementing a project with substantial success; and/or demonstrating organizational capability leading to a greater level of effectiveness. *Work success:* Significantly exceeding productivity, customer service, or similar goals, including demonstrating superior interactions with managers, peers, supervisors, subordinates, the University community, and/or clients and customers served. *Teamwork:* Acting as an exceptionally effective and cooperative team member or team leader for a team that has significantly exceeded the goals/objectives of the department/unit.)

NAME OF NOMINATOR

PHONE

SIGNATURE OF NOMINATOR

DATE

NOMINATOR'S TITLE

NOMINATOR'S DEPARTMENT

PART TWO: To be completed by department administrators. If approved, forward to the appropriate Dean, Vice Provost, or Vice Chancellor for final review and approval.

1. Rating on most recent performance evaluation: _____
2. Nominee's Classification and Annual Pay Rate: _____
3. Amount of award: \$ _____ % of Award: _____
(may not exceed 10% of annual pay rate or \$10,000 whichever is less)

The processes for all STAR Plan cash awards require endorsement of the employee's immediate supervisor and approval of the next level manager. STAR Plan cash awards over \$500 also require department head approval. **STAR Awards greater than \$1,000 require additional level of HR approval. The Compensation Manager will obtain the additional level of HR approval from Executive Director, Talent and Rewards, as necessary.**

4. Nominee's Date of Hire: _____
5. Nominee's Appt Type: Career
6. Comments of Supervisor (if different from nominator):

SIGNATURE OF SUPERVISOR

DATE

7. Comments of Department Head:

APPROVAL OF DEPARTMENT HEAD/DIRECTOR

DATE

8. Account/Fund Number from which employee is paid: _____

PART THREE: To be completed by Provost, Dean or Vice Chancellor. Approval is required for awards between \$501 and \$4,999.

9. Award: Approved Denied

APPROVAL OF PROVOST, DEAN, OR VICE CHANCELLOR

DATE

PART FOUR: To be completed by the Office of the Chancellor. Approval is required for awards of exceeding \$5,000.

10. Award: Approved Denied

APPROVAL OF CHANCELLOR

DATE